



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rosen et al.

Docket No.: PF112P1D2

Application No.: 10/023,584

Confirmation No.: 4809

Filed: December 21, 2001

Art Unit: 1647

For: Antibodies to Human Vascular Endothelial
Growth Factor 2 (As Amended)

Examiner: R. S. Landsman

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby petition for a two-month extension of time to and including April 26, 2004 to respond to the Office Action mailed November 26, 2003.

Please charge our Deposit Account No. 08-3425 in the amount of \$420.00 covering the fee set forth in 37 CFR 1.17(a)(2). The Commissioner is also authorized to charge any additional required fee or credit any overpayment in connection with this submission to our Deposit Account. In the event that a further petition for an extension of time is required to be submitted at this time, Applicants hereby petition for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Dated: April 26, 2004

Respectfully submitted,

By
Melissa J. Pytel

Registration No.: 41,512
HUMAN GENOME SCIENCES, INC.
14200 Shady Grove Road
Rockville, Maryland 20850
(301) 610-5764

MMW/MJP/ba



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **420.00**

Complete if Known

Application Number	10/023,584-Conf. #4809
Filing Date	December 21, 2001
First Named Inventor	Craig A. Rosen
Examiner Name	R. S. Landsman
Art Unit	1647
Attorney Docket No.	PF112P1D2

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **08-3425**

Deposit Account Name **Human Genome Sciences, Inc.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$) 420.00

SUBTOTAL (1) **(\$)** **0.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Claims	-3** =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity**Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)** **0.00**

**or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) **(\$)** **420.00**

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Melissa J. Pytel	Registration No. (Attorney/Agent)	41,512	Telephone	(301) 610-5764	
Signature					Date	April 26, 2004